

## TRAVEL AUTHORIZATION REQUEST

Industry Partner:  
Client:

Travel#  
Date:  
Project Name:  
Project ID/IA#  
Contract/Task Order:

TO: FEDSIM Contracting Officer Representative

FROM: Requestor:  
THROUGH: Client POC

SUBJECT: Travel Authorization Request #

CLIN# Value: \$0.00  
CUM AMT BILLED: \$0.00  
BALANCE: \$0.00  
ESTIMATE: \$0.00  
BALANCE: \$0.00

Last Inv. Submitted

Client Point of Contact:

IP Project Manager:

Purpose/Justification  
of Request:

The personnel who will support the above effort at this site is:

Please note that a separate travel request form should be submitted for each individual traveler.

Travelers:

Name:

Company:

Subcontractor POC:

Name:

Address:

City:

Phone:

E-Mail:

Subcontract Purchase Order:

Travel Itinerary:

Departure:	<u>Date</u>	<u>Destination</u>	Return:	<u>Date</u>	<u>Destination</u>
Leave			Leave		
Arrive			Arrive		
Leave			Leave		

Arrive			Arrive		
Leave			Leave		
Arrive			Arrive		

Below is the estimated cost of the trip for the contractors:

<b>ITEM</b>	<b>COST</b>
<b>Travel (CLIN 0000):</b>	<b>\$0.00</b>
Airfare: @	
Per Diem: @	
Hotel: @	
Other: car rental	
<b>Other Direct Costs (CLIN 0000)</b>	<b>\$0.00</b>
Post Differential Pay	
Danger Pay:	
War Risk Insurance	
Other	
<b>Subtotal Amount:</b>	<b>\$0.00</b>
<b>Material Handling Cost:</b>	
<b>General &amp; Administrative (G &amp; A) Cost:</b>	
<b>Total ODC Cost (CLIN 0000):</b>	
<b>Total Travel Cost (CLIN 0000):</b>	
<b>Total Trip Cost NTE:</b>	<b>\$0.00</b>

Remarks:

The estimated cost of travel must represent the Government's best estimate. The amount of obligated for this line item may be increased unilaterally by the Government if such action is deemed advantageous. Travel costs shall be reimbursed in accordance with Federal Travel Regulations (FTR).

Please contact me at (area code) 000-0000 if you have any concerns or questions.

Industry Partner Request:	FEDSIM Approval:	Client Acceptance:	
Signature	Signature	Signature	Date
Date	Date	Date	

